

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Bill Artzberger
Serial No.:	Not yet accorded
Filing date:	Not yet accorded
Title:	COMBINATION EYE AND EAR PROTECTION APPARATUS
Examiner:	--
Art Unit:	--
Docket No.:	4018M

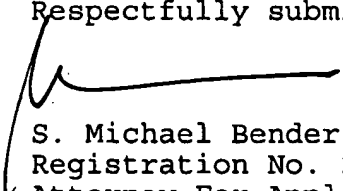
INFORMATION DISCLOSURE STATEMENT

Mail Stop Patent Application  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

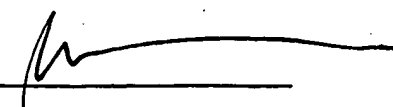
In compliance with applicant's obligation under 37 CFR § 1.56(a), and pursuant to M.P.E.P. § 609, transmitted herewith is an Information Disclosure Citation (Form PTO/SB/08A) and a legible copy of each reference cited therein. The filing of this Information Disclosure statement should not be construed to be an admission that the information cited in the statement is, or is to be considered to be, material to patentability as defined in § 1.156(b).

Respectfully submitted,

  
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**CERTIFICATE OF MAILING**

I hereby certify that this Non-Provisional Patent Application is being deposited on **January 29, 2004** with the United States Postal Service "Express Mail Post Office to Addressee" (N . ER 144227187 US) under 37 CFR 1.10 in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Signed on (Date) 1-29-04 by (Signature) 

Approved for use through 10/31/2002. OIAB 0651-0031

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Substitute for form 1449A/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>			<b>Complete If Known</b>		
			Application Number		
			Filing Date		
			First Named Inventor	ARTZBERGER, BT	
			Art Unit		
			Examiner Name		
Sheet		of		Attorney Docket Number	4018M

[illegible]

Examiner Signature	<i>Alicia Tompkins</i>	Date Considered	7-28-2005
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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